

Form 2 - Utah Annual Burn Schedule. This application applies to Land Managers that conduct more than 50 acres of prescribed burning per calendar year.
To be submitted annually by March 15.

3-Letter Identifier: _____ Page: _____ of _____
Submitted by: _____ Date: _____

PN	Project Name	A Q B #	UTM		De minimis (Y / N)	Total Project Acres	Project Elevation Feet		Major Fuel Model NFL (1-13)	Type of Burn *	Early Burn Date	Burn Duration in Days	Ignition Method **	County
			Northing	Easting			Lowest	Highest						

Comments specific to a PN:

***B**=Broadcast, **U**=Understory, **C**=Canopy, **SR**=Stand Replacement, **P(x)**=Piles(number of), **PB**=Partial Burn, **O**=Other specify below in comments.

****HT**=Helitorch, **HD**=Hand Drip, **PP**=Spheres, **HF**=Hand Fusee, **AF**=Aerial Fusee, **TT**=Tera Torch, **PT**=Propane Torch, **O**=Other specify below in comments.

Submitted by: _____

FAX to Program Coordinator at: (801) 536-0085 (fax)